

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

## To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation <b>Catalyst Oklahoma</b>		3. FEC Identification Number <div>C C90016080</div>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported PO Box 437		
(c) City, State and ZIP Code Oklahoma City OK 73101		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report  
☐ July 15 Quarterly Report ☒ 24-Hour Report  
☐ October 15 Quarterly Report ☐ 48-Hour Report  
☐ January 31 Year-End Report

b) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on  /  /

5. COVERING PERIOD:

FROM  /  /

THROUGH  /  /

6. TOTAL CONTRIBUTIONS.....

7. TOTAL INDEPENDENT EXPENDITURES .....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

**TYPE OR PRINT NAME OF PERSON COMPLETING FORM**

**SIGNATURE**

DATE \_\_\_\_\_

*[Electronically Filed]*

## Glenn Coffee

*Glenn Coffee*

06/23/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

# **SCHEDULE 5-E** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 2 OF 2  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Catalyst Oklahoma

Full Name (Last, First, Middle Initial) of Payee  
Revolution Agency, Inc.

Mailing Address 1020 Princess Street

City State Zip Code  
Alexandra VA 22314

Date of Public Distribution/Dissemination

06 / 23 / 2016

Amount

3900.00

Transaction ID : F57.000001

Purpose of Expenditure  
Web Advertisement

Category/  
Type 004

Office Sought: ☒ House State: OK  
☐ Senate District: 04  
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:  
Tom Cole

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election  
for Office Sought 57870.02

Disbursement For: ☒ Primary ☐ General  
2016 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Mailing Address

City State Zip Code

Date of Public Distribution/Dissemination

/ /

Amount

Purpose of Expenditure

Category/  
Type

Office Sought: ☐ House State: \_\_\_\_\_  
☐ Senate District: \_\_\_\_\_  
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ Oppose

Calendar Year-To-Date Per Election  
for Office Sought

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Mailing Address

City State Zip Code

Date of Public Distribution/Dissemination

/ /

Amount

Purpose of Expenditure

Category/  
Type

Office Sought: ☐ House State: \_\_\_\_\_  
☐ Senate District: \_\_\_\_\_  
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ Oppose

Calendar Year-To-Date Per Election  
for Office Sought

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▶

(a) **SUBTOTAL** of Itemized Independent Expenditures.....▶ 3900.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....▶

(c) **TOTAL** Independent Expenditures.....▶ 3900.00  
(carry total from last page forward to Line 7)